

Bureau of Licensure and Certification

Accepted 1/15/09 M. J. ...

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4126AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/23/2008
NAME OF PROVIDER OR SUPPLIER PLEASANT CARE GROUP		STREET ADDRESS, CITY, STATE, ZIP CODE 639 K STREET SPARKS, NV 89431		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12/23/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was five. Five resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 175 SS=E	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation on 12/23/08, the facility did not ensure the carpet in the bedroom where 2 of 5 residents resided was flat and without ripples which posed tripping hazards (Residents #1 and #3).	Y 175	<p>← licensed for only 5.</p> <p>RECEIVED JAN 13 2009 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA</p> <p><i>Y175 The bedroom of Resident #1 & Resident #3 Carpet was stretched out without ripples now it's flat and will not pose tripping hazard to the resident. (see ATTACHED photo) ATTACHMENT Y175</i></p>	<p><i>noted M. J. 1/15/09</i></p> <p><i>OK M. J.</i></p>

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiency.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

KCHD11

(X6) DATE

01/9/09

If continuation sheet 1 of 4

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Y 175	Continued From page 1 Severity: 2 Scope: 2	Y 175		
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on record review and interview on 12/23/08, menus had not been kept on file for 90 days and substitutions for the meal on the day of the survey had not been recorded. Severity: 1 Scope: 3	Y 272	Y 272 THE FACILITY HAD PROVIDED A BINDER FOR KEEPING THE MENU ON SUBSTITUTION FOOD FOR THE DAY AND THE CAREGIVERS WAS INSTRUCTED TO KEEP MENUS ON FILE FOR 90 DAYS OR MORE AND THE ADMINISTRATOR WILL MONITOR THIS.	JLK mk 1/15/09
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by:	Y 878	Y 878 THE RESIDENT #4 BEEN ACCEPTED FOR NURSING HOME AND MOST MEDICINE FROM THE NURSING HOME BEEN SENT WITH THE RESIDENT #4 EXCEPT FOR NEW PRESCRIPTIONS WERE NOT AVAILABLE SINCE HER GUARDIAN DID NOT FILL-UP PAPER WORKS AT THE	

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Y 878	Continued From page 2 Based on record review and interview on 12/23/08, the facility failed to ensure medications were available in the facility to administer as prescribed to 1 of 5 residents (Resident #4). Severity: 2 Scope: 1	Y 878	Pharmacy for the facility where meds, can be delivered to the care home. The son went out of town unable to sign the contract between pharmacy & the guardian. The facility had added a policy to have all medication of transfer resident available prior to transfer to the care home. (SEE ATTACHMENT Y-878) OK 1/15/09		
Y 883 SS=D	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by: Based on record review and staff interview on 12/23/08, the facility failed to notify the prescribing physician of missed doses of medications for 1 of 5 residents (Resident #4). Severity: 2 Scope: 1	Y 883	As of Resident #4, abt miss med. The facility will make sure that the prescribing physician will be notified within 12 hours after dose is refused or missed. OK 1/15/09		
Y 898 SS=A	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the	Y 898	Care givers was re-instructed to let administrator know to follow up about calling of MD if it was missed or refused. OK 1/15/09		

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Y 898	Continued From page 3 medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on record review and interview on 12/23/08, the facility failed to ensure the medication administration record (MAR) reflected the current physician's order for 1 of 5 residents (Resident #2). Severity: 1 Scope: 1	Y 898	Y 898. As of Resident #2 Regarding Remeron, 15mg tablet will not be covered by medicare insurance for 1 month. So Pharmacy given 30 mg tablet and to cut into 1/2 tablet. EQUIVALE to 15 mg BID. The Facility had obtained an official order for a doctor regarding Remeron. The facility will ensure the MAR (medication administration record) will reflect the current physician's order in the future. (SEE ATTACHMENT Y 898) OK mg 1/15/09		

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